Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9800073002

1. Corporation Name RS III, INC.

SUITE 100

ORLANDO FL 32803

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Principal Place of Business 600 E COLONIAL DR

Mailing Address

600 E COLONIAL DR

SUITE 100

26

27

ORLANDO FL 32803

2a. Mailing Address

City & State

Suite, Apt. #, etc.

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90070 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 08/20/1998 4. FEI Number

59-3528800

5. Certifcate of Status Desired

6. Election Campaign Financing

23		28			Trust Fund Contribu	ition	Added t	o rees
Zip	Country	Zip	Country	7	8. This corporation ow	es the current year In	tangible	
24	25	29 3	10		Personal Property 1	ax	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Addres	s of New Registered	Agent	
<u> </u>		1	81	Name				
SCHRIMSHER, J. STEVEN				Street Add	tress (P.O. Box Number is N	Int Accentable)		
600 E COLONIAL DR SUITE 100			82	Sileer Auc	21635 (F.O. DOX 14011100) 13 1	iot Accoptable)		
			83					
ORL	ANDO FL 32803							
			84	1		F <u>l</u>		_
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	Florida. Such change was aut	horized by	tne comorat	poration submits this statem tion's board of directors. I he	ent for the purpose o ereby accept the appo	f changing its intment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	Registered Age	nt signature requir	red when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANG	ES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	RIFE, JOHN M JR		1.2 NAME	l				
STREET ADDRESS	427 S NEW YORK AVE		1,3 STREE	T ADDRESS				
CITY-ST-ZIP	WINTER PARK FL 32789		1,4 CITY-5	ST-ZIP				• • • • • • • • • • • • • • • • • • • •
TITLE	D	☐ DELETE	2.1 TITLE			<del></del>	Change	☐ Addition
NAME	SCHRIMSHER, J. STEVEN 🗸		2.2 NAME	1				
STREET ADDRESS	600 E COLONIAL DR STE 100		2.3 STREE	TADDRESS				
CITY-ST-ZIP	ORLANDO FL 32803	and the second	2, 4 CITY-	ST-ZIP · -	- ~ ~ ·			
TITLE	D	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	SCHRIMSHER, FRANK L.	/	3.2 NAME					
STREET ADDRESS	600 E COLONIAL DR STE 100		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32803		3.4. CITY-	ST-ZIP		_		_
MLE	D	; DELETE	4.1 TITLE				☐ Change	Addition Addition
NAME	SCHRIMSHER, MICHAEL	•	4, 2 NAME					
STREET ADDRESS	600 E COLONIAL DR STE 100	•	4.3 STREE	T ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32803		4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME	}		5.2 NAME					
STREET ADDRESS	]		5.3 STREE	T ADDRESS				
CITY-ST-ZIP	]		5.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME	\		6.2 NAME					•
STREET ADDRESS	[		6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY - S	ST-ZIP				

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an observation with an address, with all other like empowered.

**SIGNATURE:** 

ATURE RESteven Schrimsher

4/15/99

(407) 423-7600